A Report
to the
Board of
Supervisors

Office of the Medical Examiner

Case Management and Physician Credentialing: Key Management Systems Lack Adequate Controls

July ■ 2008

*Maricopa County
Internal Audit
Department*

Ross L. Tate
County Auditor

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The County Auditor reports directly to the Maricopa County Board of Supervisors, with an advisory reporting relationship to the Citizen's Audit Advisory Committee.

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July 15, 2008

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We have completed our FY 2007-08 review of the Office of the Medical Examiner (OME) in accordance with our annual audit plan. We selected specific areas to review through a formal risk assessment process. Overall, we found that improvements are needed to key management information systems.

Highlights of this report include the following:

- Case management system does not adequately prevent unauthorized access

- Case management system lacks a sufficiently detailed audit trail

- Case management system does not ensure integrity and confidentiality

- OME does not thoroughly and effectively manage physician credentialing

We reviewed information in this report with the acting director and key agency personnel. We appreciate the excellent cooperation provided by management and staff. If you have any questions, or wish to discuss the information presented in this report, please contact Eve Murillo at 506-7245.

Sincerely,

Ross L. Tate
County Auditor

Executive Summary

System Access (Page 5)

The Office of the Medical Examiner does not ensure that application access controls for its automated case management system are adequate to provide reasonable assurance that computer resources are protected against unauthorized modification, disclosure, loss, and impairment. These access controls include formal policies and procedures for administering user access, and properly segregating duties according to clearly-defined job responsibilities. When access controls are weak, users have the ability to access data and authorize transactions that are not appropriate for their job responsibilities. The Office of the Medical Examiner should review access administration, and establish and enforce appropriate segregation of duties.

Error Handling (Page 7)

The automated case management system lacks a sufficiently detailed audit trail function, and existing policies and procedures do not properly address system errors. Strong error processing controls help keep data complete and accurate, as well as detect and deter potential fraud. The Office of the Medical Examiner should identify, log, communicate, and resolve system data errors in a timely manner, and ensure that a proper audit trail is maintained.

Data Accuracy and Protection (Page 9)

The automated case management system lacks the controls necessary to ensure data confidentiality, integrity, and access to sensitive data by the appropriate personnel. Accurate and complete data is critical to internal and external reporting, as well as efficient and effective management. To ensure data accuracy, the Office of the Medical Examiner should ensure that output data contains control totals or other means to reconcile system data to output files, and clear distinctions should be made between public and private data.

Physician Credentialing (Page 11)

The Office of the Medical Examiner does not have effective policies and procedures in place to manage the physician credentialing practices. Licensure expiration dates and professional certifications are not consistently documented. This practice resulted in 13 autopsies being performed by an unlicensed physician, a violation of state statute. The Office of the Medical Examiner should institute procedures to ensure that licensure and credentialing are accurately documented and updated in a timely and consistent manner.

Introduction

Background

The Office of the Medical Examiner (OME) conducts medical and legal investigations of unattended, violent, unexpected, or suspicious deaths and reviews and authorizes all cremations.

The Medical Examiner must review and report on deaths:

- That occur when the deceased was not under the care of a physician for a potentially fatal illness

- That occur without an attending physician available to sign the death certificate

- That occur (1) suddenly when the deceased was in apparent good health, (2) during a surgical or anesthetic procedure, or (3) in a suspicious, unusual, or unnatural manner

- Believed to be related to the decedents' occupation or employment

- That present a public health hazard

- Resulting from violence

- Occurring in prison

The Office of the Medical Examiner operates under authority granted by Arizona Revised Statutes (ARS) sections 11-591 through 11-600. These statutes cover:

- County medical examiner appointment, qualifications, compensation, powers and duties

- List of physicians in lieu of medical examiner; fund; notification; special examinations

- Reporting of certain deaths; autopsies; failure to report; classification; right to enter premises; right to seize articles; removal or disturbance of body or effects or weapons without consent prohibited

- Autopsies; reports; exemption from liability; exhumation; court order; cremation; burial of indigent deceased; disposal of property

Operating Budget

OME's FY 2007 budget included $230,000 in revenues and $7.6 million in expenditures. OME is not intended to be self-funded, it is primarily supported through the General Fund. OME's independent revenues are generated through charges for outside services (cremation authorizations and services to outside jurisdictions).

The following chart (Figure 1) shows OME revenue and expenditures from FY 2005 through January 2008.
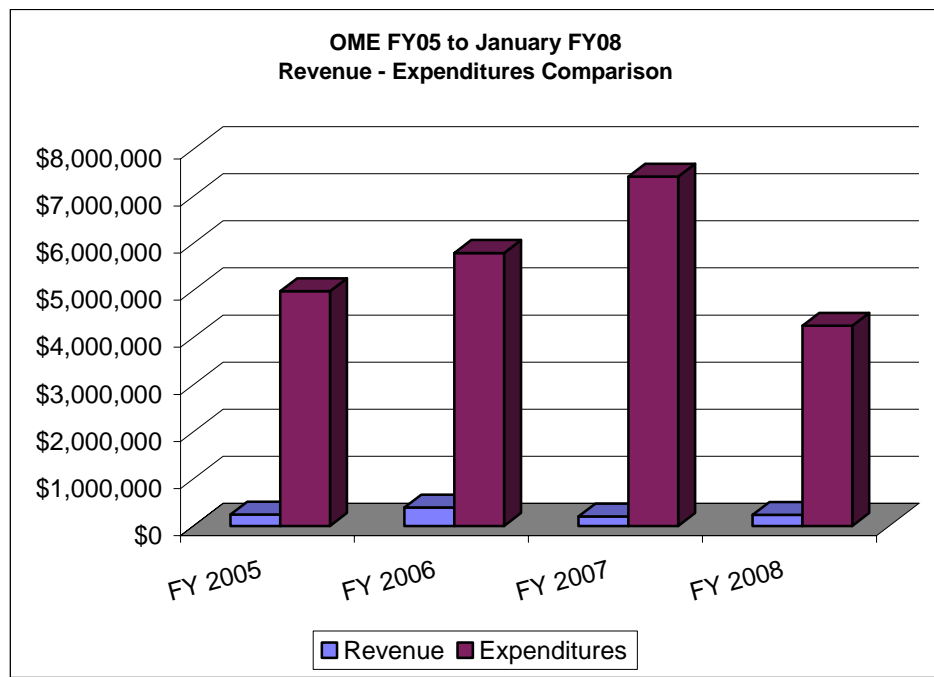
Figure 1- Source: IA analysis of FY05-January FY08 Advantage Data

OME Case Management System: CME

OME uses vendor-developed software as its primary case management system to support the majority of its operations. Known as the Coroner Medical Examiner (CME) system, the software is based on a Microsoft Access front-end application linked to a Microsoft Structured Query Language (SQL) Server database on the back-end. CME was developed by a small, specialized software California vendor, VertiQ, and is used by several other Medical Examiners offices throughout the country. When the full-time OME IT specialist who originally supported CME left the County, the Office of Enterprise Technology (OET) agreed to absorb the IT position into OET and support the CME system. VertiQ is preparing to upgrade CME, so OME staff are working with OET to design and implement key CME system customizations.

Scope and Methodology

Audit Objectives

The objectives of this audit were to:

- Ensure that OME source documents are prepared by authorized and qualified personnel following established procedures, taking into account adequate segregation of duties regarding the origination and approval of these documents

- Ensure that data input into CME is performed in a timely manner by authorized and qualified staff

- Ensure that OME transactions are accurate, complete, and valid

- Determine whether OME maintains data integrity and validity throughout the processing cycle

- Ensure that OME transaction outputs are handled in an authorized manner, delivered to the appropriate recipients, and protected during transmission; and, that transaction authenticity and integrity are maintained during transmission

- Determine whether OME Human Resource procedures are sufficient to ensure that all OME physicians are currently licensed and Board certified per statutory licensing and internal certification requirements

Audit Timeframe

To achieve the audit objectives we selected OME cases and medical record files covering fiscal years 2007 through March 2008.

During the planning phase of the audit, we reviewed key processes and statutes relating to OME and although we did not formally test compliance, we made some key observations (Figure 2) and made informal recommendations to the agency for improvements.

Area Reviewed	What We Observed
Complaint Processing	• OME does not consistently track and categorize complaints from the public.
X-ray Equipment Safety and Licensed Operations	• While the Arizona Radiological Regulatory Agency examines OME X-ray technicians quarterly for radiation exposure, OME X-ray technicians are not licensed with this state agency to operate X-ray equipment as required by Arizona statutes. One intent of licensing may be to ensure employee safety.
Cremation Authorization Fees	• FY07 cremation authorization activity expenditures exceeded revenues by $76,000. Cremation authorization fees do not fully cover costs.

Figure 2

Audit Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence that supports our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Issue 1 System Access

Summary

The Office of the Medical Examiner does not ensure that application access controls for its automated case management system are adequate to provide reasonable assurance that computer resources are protected against unauthorized modification, disclosure, loss, and impairment. These access controls include formal policies and procedures for administering user access and properly segregating duties according to clearly-defined job responsibilities. When access controls are weak, users have the ability to access data and authorize transactions that are not appropriate for their job responsibilities. The Office of the Medical Examiner should review access administration and establish and enforce appropriate segregation of duties.

Criteria

Internal Audit uses the IT Governance Institute's Control Objectives for Information and related Technology (COBIT) for IT best practices.

COBIT guidelines state that data should be prepared and authorized by qualified personnel following established procedures, taking into account adequate segregation of duties and the controls that enforce appropriate system access.

The proper administration of system access increases management assurance that data is secure and accurate. Documenting formal access policies and procedures gives management assurance that data and system access are properly controlled.

Condition

Access Provisioning-Additions, Modifications, & Deletions

Currently, OME does not have policies or procedures that govern user access to the CME system and data. Interviews with OME staff and a review of CME documentation revealed the following weaknesses:

- No approval matrix exists to show which roles are authorized to approve or perform key transactions

- System access is provided and removed on an ad-hoc basis and is not periodically reviewed or monitored

Segregation of Duties

Proper segregation of duties controls access to sensitive data and helps ensure that data is complete, unmodified, and not accessed by unauthorized users. Implementing segregation of duties includes formally defining job responsibilities and assigning user access based on those definitions.

CME segregation of duties for quality assurance review and error resolution does not appear appropriate for the roles and responsibilities of individuals involved. During testing, we found several segregation of duties-related control weaknesses, including:

- Formal segregation of duties policies do not exist

- Currently enforced segregation of duties are not regularly reviewed for appropriateness

Based on our review of CME user accounts and access roles, we found:

- Four of the eight users sampled had inappropriate levels of access to data and transaction authorizations

- Two CME users were given inappropriate system access based on their assigned duties

- Of the 143 active CME user accounts, 45 active accounts belong to users no longer employed by OME and who should not have access to the system

Effect

When access is not properly controlled and adequate segregation of duties is not enforced, users have the ability to access data and authorize transactions that are not appropriate for their job responsibilities. System access and segregation of duties should be regularly reviewed for inappropriate levels of data access.

Cause

OME does not currently have formal policies and procedures that govern data edit capabilities to CME. Segregation of duties is currently enforced within CME, but the segregation policy is not formalized and authorization levels for data and transactions are not reviewed regularly. This informal, ad-hoc provisioning and segregation of duties has led to several instances of inappropriate levels of CME user access.

Recommendations

OME Management should:

A. Design and implement a formal system for granting, changing, revoking, and reviewing user access to CME, including the creation of policies and procedures that govern user access to data and transaction authorizations.

B. Formally define, enforce, and review appropriate segregation of duties through a combination of policies, procedures, and system controls.

Issue 2 Error Handling

Summary

The automated case management system lacks a sufficiently detailed audit trail function, and existing policies and procedures do not properly address system errors. Strong error processing controls help keep data complete and accurate, as well as detect and deter potential fraud. The Office of the Medical Examiner should identify, log, communicate, and resolve system data errors in a timely manner, and ensure that a proper audit trail is maintained

Criteria

Internal Audit uses the IT Governance Institute's Control Objectives for Information and related Technology (COBIT) for IT best practices.

COBIT guidelines state that procedures should be established for identifying, reporting, logging, and resolving errors for system output data. An audit trail should be established and monitored to aid in increasing accountability and data integrity.

Procedures for handling errors, from identification through resolution, help management ensure that the data used for reporting purposes is complete and accurate. Creating an audit trail provides both accountability for changes to the systems and a means to ensure proper resolution of errors and exceptions.

Condition

Error Handling Procedures

Appropriate procedures for handling errors, from identification through resolution, help management ensure that the data used for reporting purposes is complete and accurate. OME lacks a formal process for logging, monitoring, tracking, and resolving errors. Additionally, errors are not communicated back to the originator, which would help reduce repeat errors in the future.

During our testing, we concluded that there was insufficient evidence to show that all errors are identified, tracked, communicated, and resolved in a timely manner. Key control weaknesses included:

- No formal policies and/or procedures exist for identifying, logging, tracking, communicating, and resolving errors

- Some errors are manually identified during a review prior to MfR reporting and are resolved immediately by clerical staff (not necessarily the point of origin of the error); however, they are not logged

Based on our review of the error handling procedures and documentation currently in place, we identified the following control operations deficiencies:

- Four of the six sampled error logs contained errors that went unresolved for over 30 days (OME's established minimum turnaround time)
- Three of the six sampled error logs did not confirm that the error was resolved

<u>Audit Trail</u>

Creating an audit trail provides both accountability for system changes and a means to ensure proper error resolution. CME does have a built-in audit logging function, but it is not currently operational and remains unused by OME staff. An audit trail for logging exceptions and rejections of data to output sources, including applications and reports, does not exist. Lack of an audit trail reduces accountability for errors to key data and could lead to incomplete or inaccurate data.

During testing, we found the following key control weaknesses:
- Current audit logging is not sufficiently robust or detailed to support accountability or error handling, and it remains unused by OME staff
- Audit trails for recording application and report output errors do not exist

Effect

Failure to properly identify, log, track, communicate, and resolve errors leads to increased effort in error handling, recurring errors, and can affect data accuracy. Lack of an audit trail reduces accountability for key data errors and can lead to incomplete or inaccurate data.

Cause

OME manages CME errors manually, thus increasing the potential for mistakes. Error management is performed by a small OME group, preventing timely detection and correction at the error source. Existing audit logging does not record detailed information concerning changes to data, and audit trails for exceptions and rejections of data to output sources are not supported. This has caused errors to go unresolved and reduced accountability for making and handling errors.

Recommendations

OME Management should:

A. Create formal error handling procedures that address error identification, logging, tracking, communication, and resolution, taking advantage of automated system processes wherever possible.

B. Restore existing audit logging functionality to CME and implement detailed and robust audit trails for data processing errors.

Issue 3 Data Accuracy and Protection

Summary

The automated case management system lacks the controls necessary to ensure data confidentiality, integrity, and access to sensitive data by the appropriate personnel. Accurate and complete data is critical to internal and external reporting, as well as efficient and effective management. To ensure data accuracy, the Office of the Medical Examiner should ensure that output data contains control totals or other means to reconcile system data to output files, and clear distinctions should be made between public and private data.

Criteria

Internal Audit uses the IT Governance Institute's Control Objectives for Information and related Technology (COBIT) for IT best practices.

COBIT guidelines state that:

- Data entry errors should be minimized through good input form design

- Verification, detection, and correction of data output should occur

- Policies and procedures should be established to ensure that sensitive data is protected and handled appropriately

Condition

System Data Accuracy

Accurate CME system data is necessary to produce meaningful and accurate reports, such as case files, death certificates, and MfR updates. Proper error handling, discussed previously, assists in improving data accuracy by correcting errors prior to reporting. Errors should also be prevented from being entered into the system through controls over data fields. To prevent errors from spreading between systems and ensure that system output is accurate, output files and source data should have control totals or some other means to reconcile the data. CME does not currently have adequate controls over data fields, nor does it produce control totals for output reconciliation.

During testing, we identified the following control weaknesses:

- Data fields were not adequately defined to ensure data confidentiality, integrity, and availability

- Edit controls over data fields were not present, resulting in the potential for unnecessary edits of key fields and entry of nonsensical data

- Control totals for data reconciliation have not been implemented

<u>Sensitive Data Protection</u>

Given the nature of its operations, OME has an important responsibility to protect sensitive data, whether or not it is public information. Sensitive data should be protected through a combination of strict system access controls and logical segregation from public data. A formal policy identifying sensitive information and addressing which users can access this sensitive data does not exist. Our testing also revealed that current user access controls to prevent users from accessing sensitive information are not operating effectively. For example, our review showed that two CME users were given inappropriate system access based on their assigned duties, which included unneeded access to sensitive data and transaction authorizations.

The following control weaknesses were encountered during testing:

- No formal policy exists to identify what should be deemed public record or what data should be protected as sensitive

- Controls to protect sensitive data are not operating effectively; employees have been assigned to data access levels that are inappropriate for their duties

Effect

When controls like data field edit restrictions and control totals are not implemented and utilized, system data errors are likely to occur. If sensitive data is not properly identified and protected, users could gain unauthorized or inappropriate access to sensitive data. Without proper policies, procedures, and controls to govern the release of public information, sensitive, non-public information might also be released.

Cause

OME does not have edit controls over data fields because the agency currently lacks the internal technical expertise to implement them and did not prioritize data reconciliation methods. Although access to sensitive information is restricted, OME has not formalized definitions for sensitive data, who should have access to that data, or how it should be released to the public.

Recommendations

OME management should:

A. Design and implement measures to improve the accuracy of data in CME, including the creation of data field edit controls and control totals or other means of output data reconciliation.

B. Create a formal policy addressing sensitive data, including definitions of sensitive data, restriction of access to the data, and procedures for releasing sensitive data to the public.

Issue 4 Physician Credentialing

Summary

The Office of the Medical Examiner does not have effective policies and procedures in place to manage the physician credentialing practices. Licensure expiration dates and professional certifications are not consistently documented. This practice resulted in 13 autopsies being performed by an unlicensed physician, a violation of state statute. The Office of the Medical Examiner should institute procedures to ensure that licensure and credentialing are accurately documented and updated in a timely and consistent manner.

Criteria

Arizona statutes require that all medical examiner autopsies be performed by a forensic pathologist, defined as a physician who has successfully completed extensive training as a pathology resident or forensic fellow or who has extensive experience performing forensic autopsies in an official capacity. OME policies and procedures also require that all OME physicians are Board Certified Forensic Pathologists.

Condition

From FY07 through March FY08, OME employed 14 physicians to perform medical examinations and autopsies. The Arizona Medical Board maintains an online directory of licensure information for all Arizona physicians. One OME physician allowed her medical license to lapse for approximately 1 month (February 22 to March 24, 2008). During this period, she performed 13 autopsies along with other procedures not governed by Arizona statutes. Two of these autopsies were ruled homicides and are moving through the criminal court system. The physician reported her licensure status to OME in early March. OME placed the physician in question on administrative leave until her license was renewed on March 24, 2008.

OME does not consistently document its human resource (HR) files with credentialing records. Only three of the fourteen physician files we reviewed contained medical licensure information. OME HR reported that in the past they relied on individual physicians to track licensure expiration dates. OME HR files contained Board certification records in 10 out of 14 files.

When OME determined that 13 autopsies were performed by a physician with an expired license, the Chief Medical Examiner pulled each applicable death certificate (these death certificates had not become a public document nor released to the family), reviewed each medical file, and co-signed the death certificate. The Chief ME reports that he concurred with all cause and manner of death findings in each of the impacted cases. Upon reviewing each of these medical files, we found:

- Death certificate worksheet signed, and dated by the physician with the expired license (included cause and manner of death)

- Copy of the original death certificate (signed, and dated by the physician with the expired license)

- Copy of updated death certificate with the date of the original physician's signature and cause/ manner of death but signed by the Chief Medical Examiner

Effect

Although Arizona Statutes do not impose monetary sanctions on medical examiner offices when physicians with expired medical licenses perform autopsies, OME operations were impacted in the following manner:

- Physicians experienced abnormally high case loads because one physician was placed on administrative leave

- Prosecuting attorneys were informed of the expired license issue, putting OME's credibility in jeopardy

- Cases performed by the physician in question had to be reviewed by a second physician (medical examiner), increasing work load

Cause

OME physician credentialing processes are not consistently maintained because:

- HR file documentation processes are inconsistent and not standardized

- Physician credentialing was not tracked on a centralized basis, leaving renewals managed by individual physicians

- OME has not consistently staffed its HR function

Recommendations:

OME should:

A. Ensure that HR files contain appropriate credentialing documents and institute procedures to ensure that timely renewals occur as required.

B. Consider obtaining advice from County Human Resources regarding the type of documentation necessary to evidence licensing and credentials.

Office Response

Issue #1: System Access
The Office of the Medical Examiner does not ensure that application access controls for its automated case management system are adequate to provide reasonable assurance that computer resources are protected against unauthorized modification, disclosure, loss, or impairment.

Recommendation A: Design and implement a formal system for granting, changing, revoking, and reviewing user access to CME, including the creation of policies and procedures that govern user access to data and transaction authorizations.

Response: Concur-in process. Currently in the process of moving to upgrade automated case management system. Measures and validations will be in place to grant, change and revoke user access to CME. Difficult to make changes to current system as documentation on how to perform these functions does not exist. Will work in conjunction with OET and VertiQ to develop and maintain policies and procedures to ensure that access controls are adequate.

Target Completion Date: 1/1/09

Benefits/Costs: Increased control over protection against unauthorized modifications and ensure that each employee has required information to perform job functions while maintaining decedent and family confidentiality.

Recommendation B: Formally define, enforce, and review appropriate segregation of duties through a combination of policies, procedures, and system controls.
Review preventive maintenance procedures and revise as necessary.

Response: Concur- in process. OME is currently working with OET on how to make changes to the relationships and roles in CME.   Management is redefining job responsibilities and access roles. These roles will be implemented during the upgrade. Policies and procedures will be written and define a review and/or monitoring process.

Target Completion Date: 1/1/09

Benefits/Costs: Increased control over user access. This will allow for effective monitoring of individuals coming into and leaving the department.   In addition this process will ensure that employees have appropriate access to the information contained within the database.

Issue #2: Error Handling
The automated case management system lacks a sufficiently detailed audit trail function, and existing policies and procedures do not properly address system errors.

Recommendation A : Create formal error handling procedures that address error identification, loging, tracking, communication, and resolution, taking advantage of automated system processes wherever possible.

Response: Concur--in process. OME does perform routine validations on data entered into CME. However, in trying to meet MfR deadlines, this information has not been routinely returned to the initial creator for correction. Validation queries are performed and the incorrect data is passed to the support staff in order for data to be processed correctly. OME recognizes this process is not efficient and is working to implement procedures to ensure that inaccurate data is reentered by appropriate individuals. In the upgrade version of CME validations will be placed on certain fields in order to ensure integrity of data.

Target Completion Date: 1/1/09

Benefits/Costs: By decreasing the potential for risks and increasing the accuracy of data entered into CME. This will reduce time spent on rework and by providing feedback will reduce the potential for recurring errors.

Recommendation B : Restore existing audit logging functionality to CME and implement detailed and robust audit trails for data processing errors.

Response: Concur--in process. Currently OME is working with OET to establish why this function is not working in CME. With the upgrade version of CME one expectation of the system will be to have a fully functioning audit logging system.

Target Completion Date: 1/1/09

Benefits/Costs: Increase accuracy and accountability of both data system and employees.

Issue #3: **Data Accuracy and Protection**
The automated case management system lacks the controls necessary to ensure data confidentiality, integrity, access to sensitive data by the appropriate personnel.

Recommendation A : Design and implement measures to improve the accuracy of data in CME, including the creation of data field edit controls and control totals or other means of output data reconciliation.

Response: Concur--in process. OME is currently working to implement an upgraded version of CME. Restrictions to data will be written as part of validation requirements so that the system finds inaccuracies on a timely basis.

Target Completion Date: 1/1/09

Benefits/Costs: Increase accuracy and timeliness of information released from this office that directly impacts other offices and general public.

Recommendation B: Create a formal policy addressing sensitive data, including definitions of sensitive data, restriction of access to the data, and procedures for releasing sensitive data to the public.

Response: Concur--in process. OME is currently working on writing and revising policies and procedures that will address releasing sensitive data to the public as well as restriction of access to certain data.

Target Completion Date: 1/1/09

Benefits/Costs: Improve integrity of data and provide information that will be useful for performance measures.

Issue #4: Physician Credentialing Data Accuracy and Protection
OME does not have effective policies and procedures in place to manage the physician credentialing practices. Licensure expiration dates and professional certifications are not consistently documented.

Recommendation A: Ensure that HR files contain appropriate credentialing documents and institute procedures to ensure that timely renewals occur as required.

Response: Concur-In Process. OME concurs that HR files for the medical examiners were inconsistent at the time of review. The inconsistent files have been brought up to date and all contain updated licensing credentials. Immediately becoming aware of lapse of licensing the Director and Chief Medical Examiner had necessary reports and records pulled. These records were reviewed by the Chief Medical Examiner and appropriate steps were taken in order to process these records. Since this incident, OME has developed a procedure in which the HR staff will keep routine records in order to maintain documentation as to when the medical examiners and other staff members requiring licensing renewal. Establishing policies and procedures is currently underway.

Target Completion Date: 7/1/08

Benefits/Costs: Increase the assurance that all staff requiring licensing are monitored and renewed timely. Increase compliance with County Human Resource Policies and Procedures.

Recommendation B: Consider obtaining advice from County Human Resources regarding the type of documentation necessary to evidence licensing and credentials.

Response: Concur-In Process. OME HR will make inquiries with County HR to ensure that proper documentation necessary regarding licensing and credentials are appropriate in staff internal files. OME HR is in the process of creating and updating policies and procedures.

Target Completion Date: 9/1/08

Benefits/Costs: Increase compliance with County Human Resource Policies and Procedures.

Approved By : _____   _7/8/08_
                  Department Head/Elected Official   **Date**

                  _____   _7-8-08_
                  Assistant County Manager   **Date**

                  _____   _7/10/08_
                  County Manager   **Date**